

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 170-670)

SERIAL NO.

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER SEARCH		AFTER EXAMINATION	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
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TOTAL NO.	3					
TOTAL DEP.	8					

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